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Form **990-T**

**Exempt Organization Business Income Tax Return** (and proxy tax under section 6033(e))

OMB No 1545-0687

**2011**

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

For calendar year 2011 or other tax year beginning 05/01, 2011, and ending 04/30, 2012. See separate instructions.

**A**  Check box if address changed

**B** Exempt under section  
 501(c)  3  
 408(e)  220(e)  
 408A  530(a)  
 529(a)

**C** Book value of all assets at end of year  
100,607,338.

Name of organization (  Check box if name changed and see instructions )  
**COLUMBUS COMMUNITY HOSPITAL, INC.**

Number, street, and room or suite no. If a P O box, see instructions  
**PO BOX 1800**

City or town, state, and ZIP code  
**COLUMBUS, NE 68602**

**D** Employer identification number (Employees' trust, see instructions)  
**47-0542043**

**E** Unrelated business activity codes (See instructions)  
**713940**

**F** Group exemption number (See instructions.)

**G** Check organization type  501(c) corporation  501(c) trust  401(a) trust  Other trust

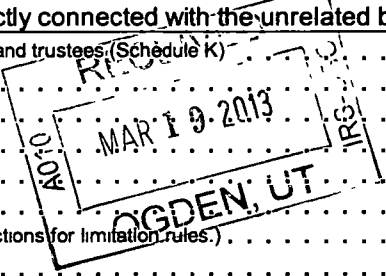
**H** Describe the organization's primary unrelated business activity. **ATHLETIC PERFORMANCE TRAINING**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation

**J** The books are in care of **MIKE ADAMY** Telephone number **(402) 562-3382**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales <u>19,147.</u>			
b	Less returns and allowances			
	<b>c</b> Balance	<b>1c</b>		
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit Subtract line 2 from line 1c	<b>3</b>		<b>19,147.</b>
4a	Capital gain net income (attach Schedule D)	<b>4a</b>		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
c	Capital loss deduction for trusts	<b>4c</b>		
5	Income (loss) from partnerships and S corporations (attach statement)	<b>5</b>		
6	Rent income (Schedule C)	<b>6</b>		
7	Unrelated debt-financed income (Schedule E)	<b>7</b>		
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	<b>8</b>		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
10	Exploited exempt activity income (Schedule I)	<b>10</b>		
11	Advertising income (Schedule J)	<b>11</b>		
12	Other income (See instructions, attach schedule)	<b>12</b>		
13	<b>Total.</b> Combine lines 3 through 12	<b>13</b>		<b>19,147.</b>

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
14	Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>	
15	Salaries and wages	<b>15</b>	<b>54,120.</b>
16	Repairs and maintenance	<b>16</b>	
17	Bad debts	<b>17</b>	
18	Interest (attach schedule)	<b>18</b>	
19	Taxes and licenses	<b>19</b>	
20	Charitable contributions (See instructions for limitation rules.)	<b>20</b>	
21	Depreciation (attach Form 4562)	<b>21</b>	
22	Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	
23	Depletion	<b>23</b>	
24	Contributions to deferred compensation plans	<b>24</b>	
25	Employee benefit programs	<b>25</b>	
26	Excess exempt expenses (Schedule I)	<b>26</b>	
27	Excess readership costs (Schedule J)	<b>27</b>	
28	Other deductions (attach schedule) <b>ATTACHMENT. 1</b>	<b>28</b>	<b>2,881.</b>
29	<b>Total deductions.</b> Add lines 14 through 28	<b>29</b>	<b>57,001.</b>
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>30</b>	<b>-37,854.</b>
31	Net operating loss deduction (limited to the amount on line 30)	<b>31</b>	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	<b>32</b>	<b>-37,854.</b>
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)	<b>33</b>	<b>1,000.</b>
34	<b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32.	<b>34</b>	<b>-37,854.</b>



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**Part III Tax Computation**

**35 Organizations Taxable as Corporations.** See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here  See instructions and.

**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order).  
 (1) \$ \_\_\_\_\_ (2) \$ \_\_\_\_\_ (3) \$ \_\_\_\_\_

**b** Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) . . . . . \$ \_\_\_\_\_  
 (2) Additional 3% tax (not more than \$100,000) . . . . . \$ \_\_\_\_\_

**c** Income tax on the amount on line 34 . . . . . **35c**

**36 Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from:  Tax rate schedule or  Schedule D (Form 1041) . . . . . **36**

**37 Proxy tax.** See instructions . . . . . **37**

**38 Alternative minimum tax** . . . . . **38**

**39 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies . . . . . **39**

**Part IV Tax and Payments**

**40a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) . . . . . **40a**

**b** Other credits (see instructions) . . . . . **40b**

**c** General business credit. Attach Form 3800 (see instructions) . . . . . **40c**

**d** Credit for prior year minimum tax (attach Form 8801 or 8827) . . . . . **40d**

**e** Total credits. Add lines 40a through 40d . . . . . **40e**

**41** Subtract line 40e from line 39 . . . . . **41**

**42** Other taxes. Check if from  Form 4255  Form 8611  Form 8697  Form 8866  Other (attach schedule) . . . . . **42**

**43** Total tax. Add lines 41 and 42 . . . . . **43**

**44a** Payments: A 2010 overpayment credited to 2011 . . . . . **44a**

**b** 2011 estimated tax payments . . . . . **44b**

**c** Tax deposited with Form 8868 . . . . . **44c**

**d** Foreign organizations. Tax paid or withheld at source (see instructions) . . . . . **44d**

**e** Backup withholding (see instructions) . . . . . **44e**

**f** Credit for small employer health insurance premiums (Attach Form 8941) . . . . . **44f**

**g** Other credits and payments:  Form 2439 \_\_\_\_\_  Form 4136 \_\_\_\_\_  Other \_\_\_\_\_ Total **44g**

**45** Total payments. Add lines 44a through 44g . . . . . **45**

**46** Estimated tax penalty (see instructions). Check if Form 2220 is attached . . . . .  **46**

**47** Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed . . . . . **47**

**48** Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid . . . . . **48**

**49** Enter the amount of line 48 you want Credited to 2012 estimated tax  Refunded  **49**

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

**1** At any time during the 2011 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here \_\_\_\_\_ **Yes** **No**

**2** During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? . . . . . **Yes** **No**

**3** Enter the amount of tax-exempt interest received or accrued during the tax year  \$ \_\_\_\_\_

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation

**1** Inventory at beginning of year . . . . . **1**

**2** Purchases . . . . . **2**

**3** Cost of labor . . . . . **3**

**4a** Additional section 263A costs (attach schedule) . . . . . **4a**

**b** Other costs (attach schedule) . . . . . **4b**

**5** Total. Add lines 1 through 4b . . . . . **5**

**6** Inventory at end of year . . . . . **6**

**7** Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 . . . . . **7**

**8** Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? . . . . . **Yes** **No**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here**  Signature of officer: Michael Hansen Date: 3-11-13 Title: CEO

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer Use Only**

Print/Type preparer's name: Lorraine A. Egger Preparer's signature: Lorraine A. Egger Date: 3/7/13 Check  if self-employed PTIN: P00223617

Firm's name: KPMG LLP Firm's EIN: 13-5565207

Firm's address: TWO CENTRAL PARK PLAZA, SUITE 1501 Phone no: 402-348-1450

OMAHA, NE 68102-1626

Form 990-T (2011)

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1. Description of property

Table with 1 column for description of property, rows (1) through (4).

2. Rent received or accrued

Table with 3 columns: (a) From personal property, (b) From real and personal property, 3(a) Deductions directly connected with the income. Rows (1) through (4) and a Total row.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A).

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B).

Schedule E - Unrelated Debt-Financed Income (see instructions)

Table with 5 columns: 1. Description of debt-financed property, 2. Gross income from or allocable to debt-financed property, 3. Deductions directly connected with or allocable to debt-financed property, 4. Amount of average acquisition debt, 5. Average adjusted basis, 6. Column 4 divided by column 5, 7. Gross income reportable, 8. Allocable deductions. Includes a Totals row and instructions for page 1.

Total dividends-received deductions included in column 8.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Table for Exempt Controlled Organizations with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income, 4. Total of specified payments made, 5. Part of column 4 that is included in the controlling organization's gross income, 6. Deductions directly connected with income in column 5. Rows (1) through (4).

Nonexempt Controlled Organizations

Table for Nonexempt Controlled Organizations with 5 columns: 7. Taxable Income, 8. Net unrelated income, 9. Total of specified payments made, 10. Part of column 9 that is included in the controlling organization's gross income, 11. Deductions directly connected with income in column 10. Includes instructions for page 1.

Totals

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
Enter here and on page 1, Part I, line 9, column (A)				Enter here and on page 1, Part I, line 9, column (B)
<b>Totals</b> . . . . . ▶				

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Enter here and on page 1, Part I, line 10, col (A)		Enter here and on page 1, Part I, line 10, col (B)				Enter here and on page 1, Part II, line 26
<b>Totals</b> . . . . . ▶						

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)) . . . ▶						

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
(5) <b>Totals from Part I</b>						
Enter here and on page 1, Part I, line 11, col (A)		Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
<b>Totals, Part II</b> (lines 1-5) . . . . ▶						

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)			%
(2)			%
(3)			%
(4)			%
<b>Total.</b> Enter here and on page 1, Part II, line 14, . . . . . ▶			

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions.  
▶ Attach to the corporation's tax return.

**2011**

Name **Columbus Community Hospital** Employer identification number **47-0542043**

**Note:** See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).

<b>1</b>	Taxable income or (loss) before net operating loss deduction	<b>1</b>	-37,854.00
<b>2</b>	<b>Adjustments and preferences:</b>		
<b>a</b>	Depreciation of post-1986 property	<b>2a</b>	
<b>b</b>	Amortization of certified pollution control facilities	<b>2b</b>	
<b>c</b>	Amortization of mining exploration and development costs	<b>2c</b>	
<b>d</b>	Amortization of circulation expenditures (personal holding companies only)	<b>2d</b>	
<b>e</b>	Adjusted gain or loss	<b>2e</b>	
<b>f</b>	Long-term contracts	<b>2f</b>	
<b>g</b>	Merchant marine capital construction funds	<b>2g</b>	
<b>h</b>	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	<b>2h</b>	
<b>i</b>	Tax shelter farm activities (personal service corporations only)	<b>2i</b>	
<b>j</b>	Passive activities (closely held corporations and personal service corporations only)	<b>2j</b>	
<b>k</b>	Loss limitations	<b>2k</b>	
<b>l</b>	Depletion	<b>2l</b>	
<b>m</b>	Tax-exempt interest income from specified private activity bonds	<b>2m</b>	
<b>n</b>	Intangible drilling costs	<b>2n</b>	
<b>o</b>	Other adjustments and preferences	<b>2o</b>	
<b>3</b>	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o	<b>3</b>	-37,854.00
<b>4</b>	<b>Adjusted current earnings (ACE) adjustment:</b>		
<b>a</b>	ACE from line 10 of the ACE worksheet in the instructions	<b>4a</b>	-37,854.00
<b>b</b>	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount (see instructions)	<b>4b</b>	
<b>c</b>	Multiply line 4b by 75% (.75). Enter the result as a positive amount	<b>4c</b>	
<b>d</b>	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments (see instructions). <b>Note: You must enter an amount on line 4d (even if line 4b is positive).</b>	<b>4d</b>	
<b>e</b>	ACE adjustment. • If line 4b is zero or more, enter the amount from line 4c • If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount	<b>4e</b>	
<b>5</b>	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT.	<b>5</b>	-37,854.00
<b>6</b>	Alternative tax net operating loss deduction (see instructions)	<b>6</b>	
<b>7</b>	<b>Alternative minimum taxable income.</b> Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions.	<b>7</b>	-37,854.00
<b>8</b>	<b>Exemption phase-out</b> (If line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):		
<b>a</b>	Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	<b>8a</b>	
<b>b</b>	Multiply line 8a by 25% (.25)	<b>8b</b>	
<b>c</b>	Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	<b>8c</b>	40,000.00
<b>9</b>	Subtract line 8c from line 7. If zero or less, enter -0-	<b>9</b>	
<b>10</b>	Multiply line 9 by 20% (.20)	<b>10</b>	
<b>11</b>	Alternative minimum tax foreign tax credit (AMTFTC) (see instructions)	<b>11</b>	
<b>12</b>	Tentative minimum tax. Subtract line 11 from line 10.	<b>12</b>	
<b>13</b>	Regular tax liability before applying all credits except the foreign tax credit	<b>13</b>	
<b>14</b>	<b>Alternative minimum tax.</b> Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	<b>14</b>	

For Paperwork Reduction Act Notice, see the Instructions.

Form **4626** (2011)

ATTACHMENT 1

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

ROYALTY FEES

2,881.

PART II - LINE 28 - OTHER DEDUCTIONS

2,881.

**COLUMBUS COMMUNITY HOSPITAL**  
**FEIN: 47-0542043**  
**NET OPERATING LOSS CARRYFORWARD**

NOL CARRYFORWARD FROM 2008	\$ 34,169
NOL CARRYFORWARD FROM 2009	\$ 35,627
NOL CARRYFORWARD FROM 2010	\$ 31,951
2011 NET OPERATING LOSS	\$ 37,854
NET OPERATING LOSS CARRYFORWARD TO 2012	<u>\$ 139,601</u>



**COLUMBUS COMMUNITY HOSPITAL**  
**FEIN: 47-0542043**  
**NET OPERATING LOSS CARRYFORWARD (AMT)**

NOL CARRYFORWARD FROM 2008	\$ 34,169
NOL CARRYFORWARD FROM 2009	\$ 35,627
NOL CARRYFORWARD FROM 2010	\$ 31,951
2011 NET OPERATING LOSS	\$ 37,854
NET OPERATING LOSS CARRYFORWARD TO 2012	<u>\$ 139,601</u>

# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form)

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

### Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>  File by the due date for filing your return See instructions	Name of exempt organization or other filer, see instructions	Enter filer's identifying number, see instructions	
	COLUMBUS COMMUNITY HOSPITAL, INC.	<input checked="" type="checkbox"/>	Employer identification number (EIN) or 47-0542043
	Number, street, and room or suite no If a P O box, see instructions	<input type="checkbox"/>	Social security number (SSN)
	PO BOX 1800		
	City, town or post office, state, and ZIP code For a foreign address, see instructions		
	COLUMBUS, NE 68602		

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ MIKE ADAMY

Telephone No. ▶ 402 562-3382

FAX No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 03/15, 20 13, to file the exempt organization return for the organization named above The extension is for the organization's return for:

▶  calendar year 20 \_\_\_\_ or

▶  tax year beginning 05/01, 20 11, and ending 04/30, 20 12

2 If the tax year entered in line 1 is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	0
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b \$	0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.